

EMS MEDICAL CONTROL

I: Duties of the **Primary** Medical Control Physician

Each EMS agency licensed by DHEC to provide pre-hospital patient care in South Carolina is required to have a designated Medical Director who has assumed both on-line and/or off-line responsibility for the EMT-Basic, EMT-Intermediate and EMT-Paramedic personnel under his/her charge. On-line control involves direct voice communication while off-line control involves monitoring of standing orders/protocols and systematic case review, data collection, and evaluation. Specific duties of the Medical Control Physician include but are not limited to:

1. Develops, with the assistance of the Regional EMS Director, local protocols for use by all levels on EMTs.
2. Provides in-service training of hospital staff concerning protocols and quality assurance measures as they pertain to EMTs.
3. Provides active input into the local EMT-Intermediate and EMT-Paramedic courses.
4. Works actively with EMS providers, local hospitals and the Regional EMS Medical Director in resolving controversies, devising triage and transfer agreements, etc.
5. Reviews personnel files of unit members and recommends only those that are well qualified for EMT-Intermediate and EMT-Paramedic training.
6. Supervises all levels of EMTs in the day-to-day performance of their duties through a combination of written protocols and direct voice (radio/telephone) medical control.

Section 44-61-130. Authority of emergency medical technicians.

A duly certified emergency medical technician may perform any function consistent with his certification, according to such rules and regulations as the Board may prescribe.

History: 1962 Code Section 32-905-43-1974 (58) 2370

AEmergency Medical Technicians, trained to provide advanced life support and possessing current Department of Health and Environmental Control certification, are authorized to possess limited quantities of drugs, including controlled substances, as may be approved by the Department of Health and Environmental Control for administration to patients during the regular course of duties of such Emergency Medical Technicians, pursuant to the written or verbal order of a physician possessing a valid license to practice medicine within this State provided such physician is registered under the state and federal laws pertaining to controlled substances.≡

2: Duties of the **Assistant/Associate** Medical Control Physician

Any EMS provider wishing to employ an assistant or associate medical director must complete the revised Medical Control Physician (MCP) form and maintain a copy of this form in their records.

1. The assistant MCP must assist the primary MCP in teaching in-service training and in conducting quality improvement activities. The assistant MCP must conduct these activities under the supervision of the primary MCP. The EMS provider must maintain records verifying the assistant MCP=s participation in these activities.
2. **Only** the primary MCP is allowed to sign any papers pertaining to EMT=s certification/re-certification, service protocols, or any other paperwork needing a physician signature.
3. The assistant will be allowed to take over as primary MCP **only** if he/she has attended a medical control physician=s workshop. **Another MCP change form must be completed and on file with the SC DHEC Office of EMS.**

EMS MEDICAL CONTROL CHANGE FORM

_____ **Change of PRIMARY** Medical Control Physician

_____ **Change of ASSISTANT** Medical Control Physician

I. SERVICE INFORMATION (*Please Type or Print*):

SERVICE NAME

SC LICENSE NUMBER

SERVICE MAILING ADDRESS

CITY / STATE / ZIP CODE

PHONE NUMBER

FAX NUMBER

II. MEDICAL CONTROL PHYSICIAN INFORMATION:

NAME (**PRIMARY**) MEDICAL CONTROL PHYSICIAN

NAME (**ASSISTANT**) MEDICAL CONTROL PHYS.

MAILING ADDRESS

MAILING ADDRESS

CITY / STATE / ZIP CODE

CITY / STATE / ZIP CODE

PHONE / FAX NUMBERS

PHONE / FAX NUMBERS

III: STATEMENT OF UNDERSTANDING & AUTHORIZED SIGNATURES:

I HAVE READ AND UNDERSTOOD THE DUTIES & RESPONSIBILITIES OF THE MEDICAL CONTROL PHYSICIAN & SECTION 44-61-130 OF THE EMS LAW ALSO INCLUDED ON THIS FORM. FURTHER, IF MY EMS SERVICE HAS A STATE-APPROVED IN-SERVICE TRAINING PROGRAM, I ACCEPT FULL RESPONSIBILITY FOR THE PROGRAM AND UNDERSTAND THAT I MAY NOT WAIVE ANYONE FROM THE STATE RECERTIFICATION EXAMINATION UNTIL I HAVE ATTENDED A STATE-APPROVED EMS MEDICAL CONTROL WORKSHOP. IF I HAVE NOT ALREADY ATTENDED A MEDICAL CONTROL WORKSHOP, I UNDERSTAND I MUST ATTEND THE NEXT AVAILABLE WORKSHOP IN ORDER TO REMAIN AS MEDICAL CONTROL FOR THE ABOVE EMS SERVICE.

_____ I HAVE _____ I HAVE **NOT**
ATTENDED A MED. CONTROL WORKSHOP

_____ I HAVE _____ I HAVE **NOT**
ATTENDED A MED. CONTROL WORKSHOP

Signature **PRIMARY** MC Physician

Date

Signature **ASSISTANT** MC Physician

Date

I UNDERSTAND THAT I MUST NOTIFY SC DHEC OFFICE OF EMS OF ANY CHANGE IN MEDICAL CONTROL , DRUG LIST &/OR STANDING ORDERS WITHIN TEN (10) DAYS (REGULATION 61-7, SECTION 302E).

Signature **EMS Director**

Date